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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/928,326 08/13/2001 ABN
 which is a CON of 09/445,858 12/15/1999 ABN
 which is a 371 of PCT/EP98/03692 06/15/1998

**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 9712866.4 06/18/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	UNITED KINGDOM	0	20	2

ADDRESS
 GLAXOSMITHKLINE
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TITLE
 Treatment of diabetes with rosiglitazone and insulin

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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